

CERTIFICATE OF INSURANCE

Name of State Agency and Division

This certificate is issued by the Department of Administration under the authority granted by 2-9-101 through 2-9-305, MCA to establish self-insurance plans. This certificate is issued as a matter of information only and confers no rights upon the certificate holder. It does not amend, extend or alter the coverage provided by the self-insurance program.

This is to certify that the State of Montana through the Department of Administration provides the following coverages by Self-Insurance

Kind of Insurance	Effective Date	Limits
Comprehensive	effective date	Per Person \$ 750,000
General Liability		Per Accident \$1,500,000
Automobile	effective date	Per Person \$ 750,000
Liability		Per Accident \$1,500,000
Automobile	effective date	Comprehensive/Collision ACV less \$250.00
Physical Damage		
Property	effective date	Replacement Cost Value subject to the terms and conditions of the state's commercial insurance
(Applies only to state owned property)		

Coverage in accordance with the Tort Claims Act, Title 2, Section 9, Chapters 1-3, Montana Code Annotated for: (description of event/operations/locations/vehicles/property)

Should any material change occur, the Department of Administration will endeavor to notify the certificate holder of such changes by mail at least thirty (30) days prior to such change, but failure to do so shall impose no obligation or liability of any kind upon the state.

ADDITIONAL INSURED YES() NO ()

Date Issued:

Name & Address of Certificate Holders

Name
Address
City, State, Zip Code

By: _____
Kristie Rhodes, Risk Finance Specialist
State of Montana
Department of Administration